

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Dock t Number: 8S08.1-200</b> <b>First Named Inventor: WOLLER, Ronald R., et al.</b>
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>COMPLETE IF KNOWN</b> Application Number: <b>N/A</b> Filing Date: Group Art Unit: <b>N/A</b> Examiner Name: <b>N/A</b>

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MODULAR HUNTING LADDER**

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT

International Application Number  and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto:

I hereby claim benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

## DECLARATION-Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) as my attorneys/agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number **23506**

Place Customer Number  
Bar Code Label Here

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to: ☒ Customer Number  
or Bar Code Label

**23506**

☐ Correspondence address  
below

Name			
Address			
Address			
City	State:	ZIP:	
Country	Telephone:	Fax:	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)	Family Name or Surname		
Ronald R.	WOLLER		
Inventor's Signature	Date: 2/11/2004		
Residence	City: Decatur	State: Alabama	Country: USA Citizenship: USA
Post Office Address	2305 Stratford Road, SE		
Post Office Address			
City	Decatur	State: Alabama	ZIP: 35601 Country: USA

☒ Additional inventors are being named on the [1] supplemental Additional Inventor(s) sheet(s) attached hereto.

DECLARATION		ADDITIONAL INVENTOR(S)	
		Supplemental Sheet	
		Page [3] of [3]	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Scott		ECHOLS	
Inventor's Signature		Date: 2/11/2004	
Residence		City: Eva State: Alabama Country: US Citizenship: US	
Post Office Address		Street Address: 243 Blackwood Road	
Post Office Address			
City: Eva		State: Alabama ZIP: 35621 Country: US	
Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date:	
Residence		City: State: Country: Citizenship:	
Post Office Address			
Post Office Address			
City:		State: ZIP: Country:	